Quality Data Improvement Initiative (QDII)

Quality Management Webinar

January 13, 2015

Today's Discussion

- Quality Reporting Agencies
- Quality Improvement Foundations
- Quality Committee Structure
- Quality Committee Members
- Utilizing Quality Data
- Quality Improvement Projects
- QA vs. QI

Quality Reporting Agencies

– Quality Data Reporting (QDR)
  - In Patient QDR
  - Hospital OP Quality Data Reporting Program (HOP QDRP)
  - QualityNet
  - CMS Abstraction and Reporting Tool (CART)
– Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
– Quality Health Indicators (QHi)

Quality Reporting Agencies

– Kansas Hospital Engagement Network (KHEN)

– Kansas Department of Health and Environment (KDHE)

- Small Hospital Improvement Projects (SHIP)
- Medicare Beneficiary Quality Improvement Program (MBQIP)

Defining Quality Improvement

- TQM (total quality management)
- CQI (continuous quality improvement)
- PI (performance or process improvement)
- Six Sigma/Lean
- Balanced Scorecard
- Others

Foundations of QI

- Customer focused
- Process oriented
- Data driven

QI Foundation #1: Customer Focused

- Who do we serve? Who are our customers?
  - External
  - Internal
- What does it take to delight our customers?
- How can we help co-workers see how their work affects others in the process?

QI Foundation #2:
Process Oriented

- Everything we do is a process

- 85% of quality problems can be traced back to a process problem

- Well-defined processes reduce variation

QI Foundation #3: Data Driven

How does measurement improve quality?

- By helping us:
  - understand the variation that exists in a process
  - monitor a process over time
  - see the effect of a change in a process
- By providing:
  - a common reference point
  - a more accurate basis for prediction

QI Foundation #3:
Data Driven

- Keep data collection and measurement simple
  - What data is currently collected that could be used?
  - Is another unit/department already collecting the data?
  - Can data be collected concurrently?
- Don't use "gut" reactions only

Quality Committee Structure

- Standing Agenda
- Monthly Meetings
- Structured Minutes
- Minutes must be separate from risk management committee meetings
- Monthly Report to the Board

Quality Committee Structure

- Discuss:
  - Quality Data Reporting (QDR IP/OP)
  - Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
  - Quality Health Indicators (QHi)
  - Hospital Engagement Network (KHEN)
  - Department QI Projects

Quality Committee Members

- Quality Manager (chair)
- Risk Manager
- Director of Nursing (*LTC)
- CEO
- CFO
- Infection Control
- Front Line Staff

Utilizing Quality Data

- Allow comparisons, assessment of change, trends
- Understand/describe variation
- Hints
  - Keep original question in mind
  - Address specific audience
 - Tell entire story

Utilizing Quality Data - Tables

XYZ Facility	
Physician Type	**Number**
Family Practice	6
Internal Medicine	5
OBGYN	4
General Surgery	3
Cardiology	2
Pediatrics	2

Utilizing Quality Data - Tables

- Sometimes a table is all you need
  - Avoids clutter, keeps things simple
  - Quickly shows all data
- Clarity is important
  - Makes labels and titles descriptive
  - Order data logically
  - Includes only necessary information
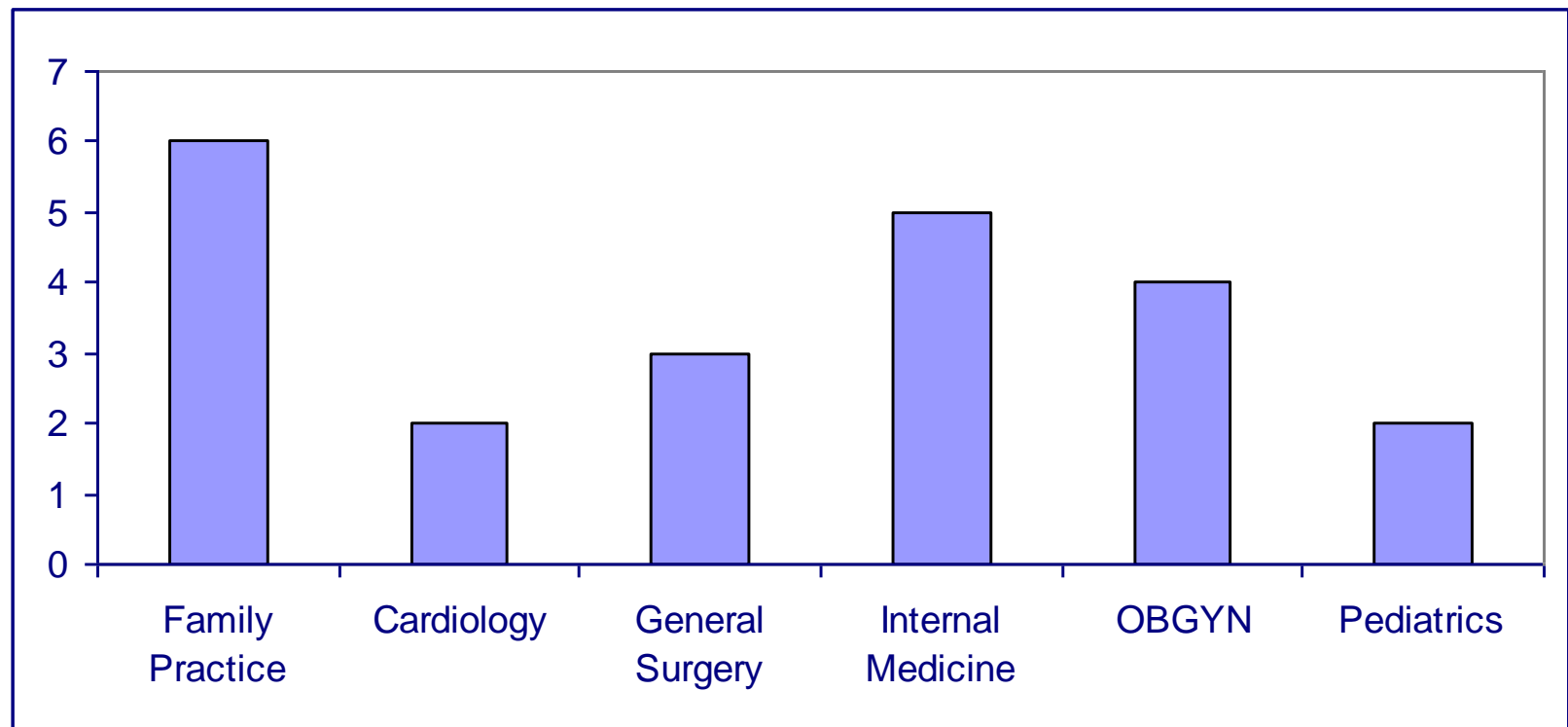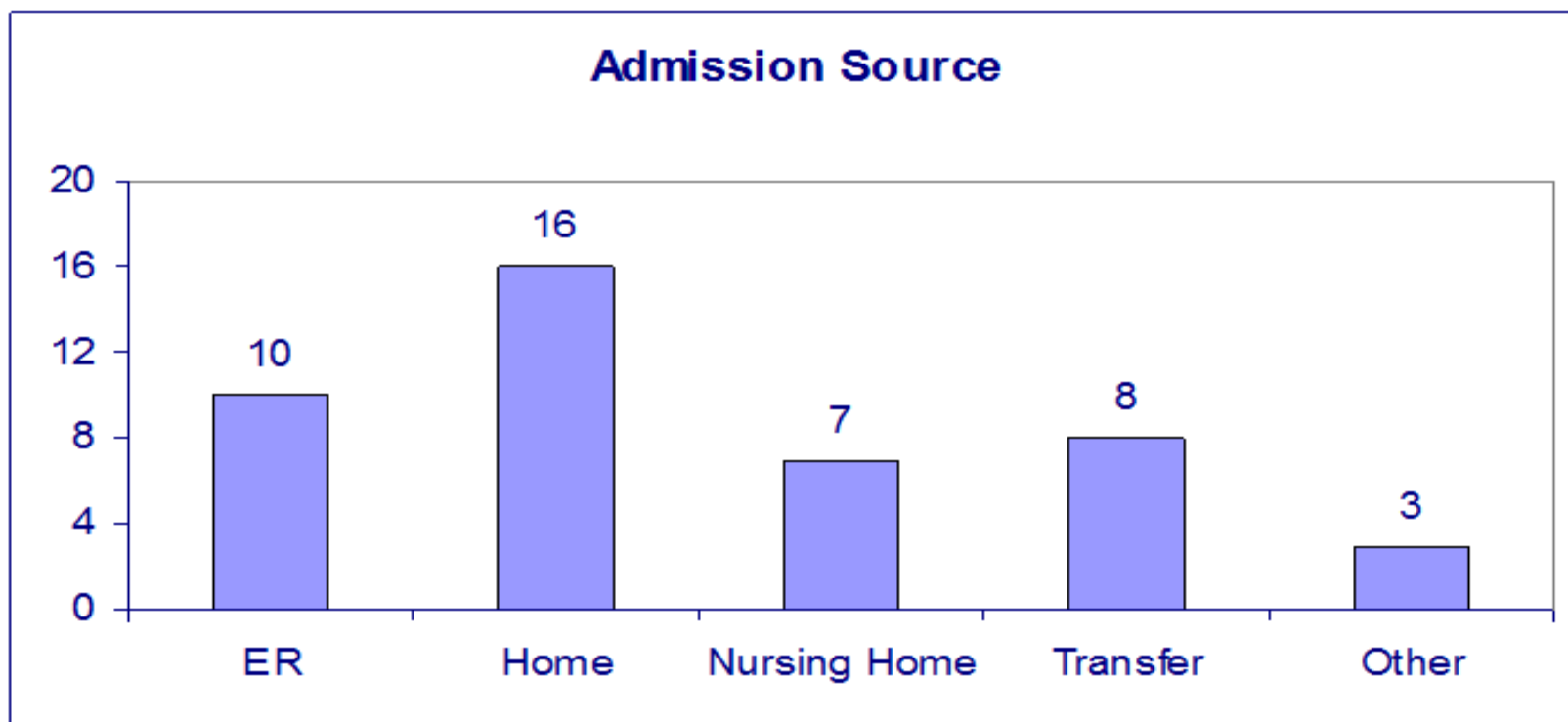
Utilizing Quality Data - Graphs

Consider
- Displaying all data or simply summarizing information
- Form of data to display (number, percent, precision)
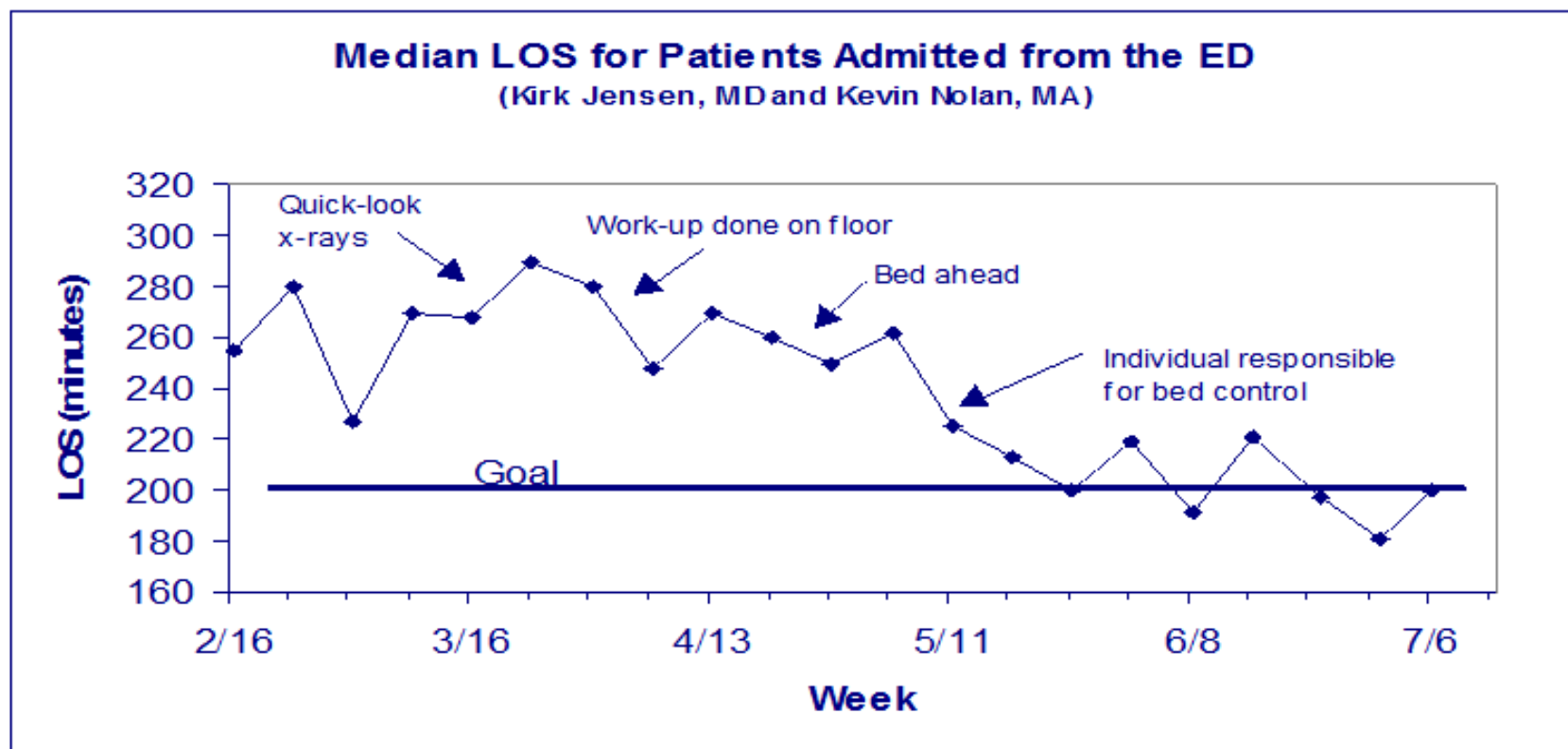- Type of graph to best display the data

Utilizing Quality Data - Graphs

- Consider
  - What's the question?
  - Who's the audience?
  - What's the essential information?
- May need more than one graph

Utilizing Quality Data - Graphs

Utilizing Quality Data – Run Chart

Median LOS for Patients Admitted from the ED
(Kirk Jensen, MD and Kevin Nolan, MA)

Quality Improvement Projects

- Because JCAHO and state survey require it?
  - Regulatory
- Because the Medicare Conditions of Participation require it?
  - Payer
- Because the hospital quality improvement plan requires it?
  - Organizational policy
- Because you want to demonstrate the good work your unit/department is doing?
  - Communication tool and affirmation

Aim (Goal) Statement Development

Set a goal and let it be known what you are aiming for so the entire organization can join in the achievement.

Quality Assurance vs. Quality Improvement

	QA	QI
Model	Monitor and correct performance outliers	Processes/systems are in place that will affect performance today
Program Scope	Focused on organizational mistakes	Focused on outcomes and processes of organizational services
Population	Problem prone areas	High-risk, high-volume, problem prone areas
Data Collection	Retrospective data collection	Concurrent data collection Proactive risk reduction

Quality Assurance vs. Quality Improvement

QA	QI
Monitoring crash cart checks	Developing a code blue evaluation process: • Adequate number/type of staff response • Timeliness of team member response • Equipment availability/malfunction • ACLS guidelines followed? • Mock code blue drills

Quality Assurance vs. Quality Improvement

QA	QI
Monitoring radiology aprons for cracks	• Minimizing radiology wait times • Developing a "same day" mammography program • Developing a mammography registry and patient reminder system • Maintaining confidentiality in the waiting room

Abstraction Training

[CART Training | National Rural Health Resource Center](#)

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CART Training

Author: QualityNet

The Centers for Medicare & Medicaid Services (CMS) Abstraction & Reporting Tool or "CART" is used for inpatient and outpatient data collection and analyses to inform quality improvement efforts. CART is available from QualityNet for use on a stand-alone, Windows-based computer, in a computer network or in environments without computing resources (paper tool). The application is available at no charge to hospitals or other organizations seeking to improve the quality of care in the following clinical areas:

- Acute Myocardial Infarction (AMI)
- Emergency Department (ED)
- Heart Failure (HF)
- Immunization (IMM)
- Pneumonia (PN)
- Surgical Care Improvement Project (SCIP)
- Stroke (STK)
- Venous Thromboembolism (VTE)

Training Recordings and Transcripts for CART Set Up

- CART Training
- CART Navigation and Provider/User Set-up [WebEx-17 min, 09/30/10]
  - Transcript [PDF-121 KB]
- CART Patient Set-up/Abstraction and Import/Export [WebEx-21 min. 09/30/10]
  - Transcript [PDF-111 KB]
- Measure Set Integration and Un-Installation [WebEx-5 min)
  - Handout

CART Training

Featured Resources

How Good Is Your Ambulance Service: A Basic Quality Kit for Rural North Dakota Ambulance Services

North Dakota EMS Performance Improvement Project

Rural and Frontier Emergency Medical Services Agenda for the Future: A Service Chief's Guide to Create Community Support of Excellence in EMS

Telehealth Start-Up and Resource Guide

Upcoming Events

TASC 90 Webinar
Wednesday, February 11, 2015 - 14:00

Flex Program Workshop

Survey Monkey

- Information is needed for future project development
- Very quick and painless
- Three questions
  - Facility Name
  - CCN (CMS Certification Number aka Medicare #)
  - Do you have a computerized pharmacy system?

Take Aways

- Quality is everyone's job
- Set aims/goals
- Share data and information routinely

- Survey Monkey link is in the chat section now and will be emailed today
- Evaluation being emailed today
- Slides being emailed today

Questions?

"We are what we repeatedly do; excellence, then, is not an act but a habit." - Aristotle.
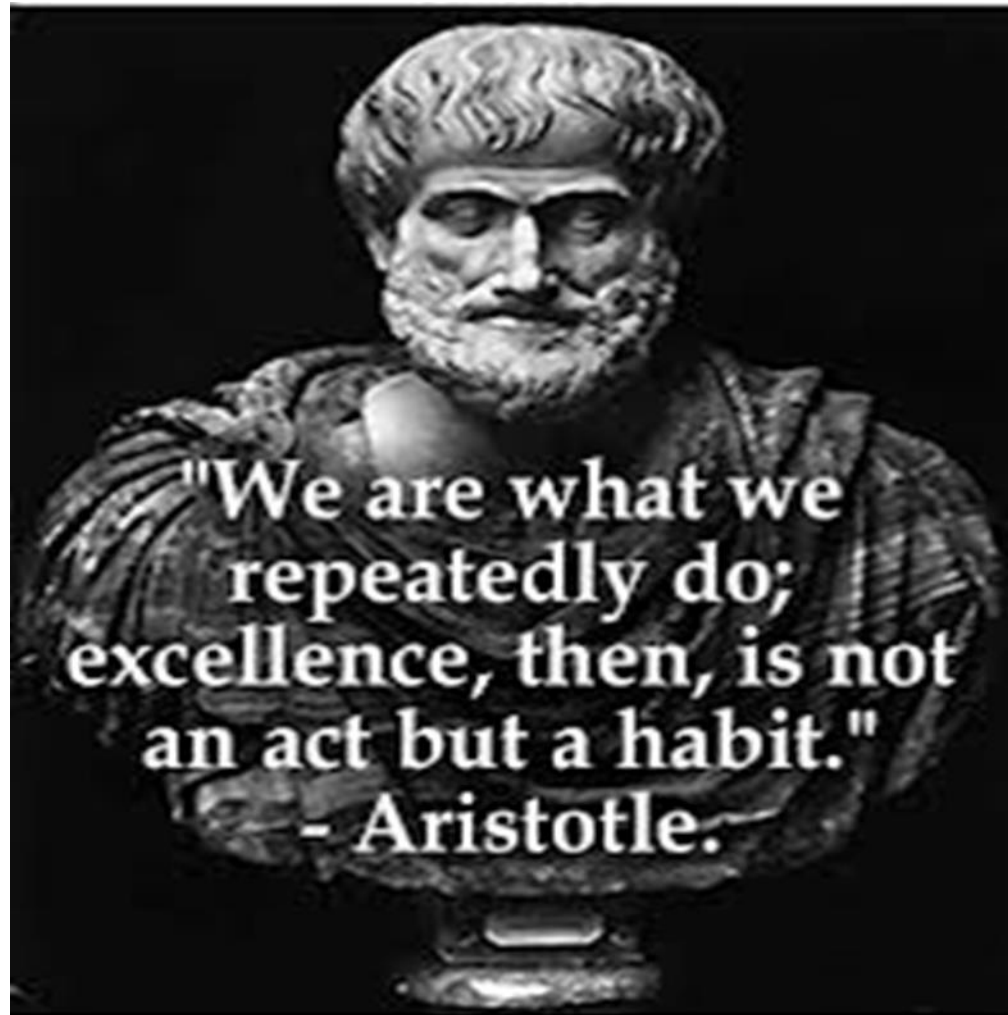
Thank You!

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